



ACUPUNCTURE BOARD
1424 HOWE AVENUE, SUITE 37, SACRAMENTO, CA 95825-3233
TELEPHONE: (916) 263-2680/ FAX: (916) 263-2654
CA RELAY SERVICE TT/TDD (800) 735-2929 / DCA TDD (916) 322-1700



APPLICATION FOR DUPLICATE LICENSE / CERTIFICATE

☐ ***Wall License*** (Fee is \$15.00)

☐ ***Pocket License*** (Fee is \$10.00)

SECTION I

1. Name: _____
Last First Middle
2. Acupuncture License Number: _____
3. Primary Address: _____

4. Telephone Number: (_____) _____
5. Reason for duplicate license:
☐ Additional location (complete Section **II** & **V**)
☐ Damaged, lost or destroyed license (complete Section **III** & **V**)
☐ Never received license (complete Section **IV** & **V**)

SECTION II - Additional Location

Requests for a duplicate license for an additional location must include a copy of the business permit (or fictitious name statement) for the primary location and a copy of the business permit (or fictitious name statement) for the new location. **(NOTE: A duplicate license will not be issued without the business permits or fictitious name statement.)**

1. Additional location address: _____

2. Telephone number: (_____) _____

SECTION III - Damaged, Lost or Destroyed License

Please state the specifics of how, where and when your license was damaged, lost or destroyed:

SECTION IV - Non receipt of license

No fee is required for non receipt of license.

I, _____, certify that I never received at my address on file with the Acupuncture Board the Γ wall license / Γ pocket license issued to me by the State Acupuncture Board.

SECTION V

I hereby certify under penalty of perjury under the laws of the State of California that all statements made herein are true and correct, and that misstatements, or omissions of material facts may be cause for suspension or revocation of my license. This declaration is executed on this _____ day of _____ 19____.

Signature